



Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone #: \_\_\_\_\_

### ALTERNATE MEDIA REQUEST FORM

Please fill out this form completely in order to obtain services from Alternate Media Services. If this form is incomplete, services may be delayed. The student is responsible for submitting proof of purchase to the Alternate Media Specialist. Without proof of purchase, alternate media cannot be provided. **Each request may take up to two weeks to process once proof of purchase is provided.**

1. I agree that I am enrolled for the semester in the particular course(s) for which I am requesting alternatively formatted instructional materials.
2. The student must be registered with DSPS and have a current academic accommodation plan each semester.
3. Students must be approved by DSPS for alternate media/assistive technology as an accommodation before services are provided.
4. The student must own a physical copy of the textbook or possess other material they are requesting in alternate format (Kurzweil).
5. If DSPS scans the student's book, the binding may have to be removed for scanning. Your book will be rebound with comb binding.
6. DSPS will not be held responsible for any damage to the material that may occur as a result of conversion to an alternate format.
7. DSPS will not be responsible for textbooks that are altered if your class is cancelled for any reason. We will not be responsible for the cost of your book.
8. The student will not copy or reproduce any material provided by DSPS, nor allow anyone else to do so. Misuse of this material will result in disciplinary action by DSPS for future services and legal action by Publishers. Any further reproduction or distribution in a format other than a specialized format is an infringement.
9. Remember to request alternate media services every semester at least **2 to 3 weeks** prior to the start of each semester to ensure timely delivery of materials.

I understand the procedures and conditions of service listed above. My signature is my commitment to adhere to these responsibilities and terms.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please fill out your book(s) information completely.

**Class:** \_\_\_\_\_

Instructor: \_\_\_\_\_ Days and Time: \_\_\_\_\_

Title of Book: \_\_\_\_\_

Author(s): \_\_\_\_\_

Edition: \_\_\_\_\_ ISBN: \_\_\_\_\_

**Office use only:** Available \_\_\_\_\_ Converted \_\_\_\_\_ Uploaded \_\_\_\_\_ Book \_\_\_\_\_ Cut \_\_\_\_\_ Scanned \_\_\_\_\_ Binded \_\_\_\_\_

**Class:** \_\_\_\_\_

Instructor: \_\_\_\_\_ Days and Time: \_\_\_\_\_

Title of Book: \_\_\_\_\_

Author(s): \_\_\_\_\_

Edition: \_\_\_\_\_ ISBN: \_\_\_\_\_

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**Class:** \_\_\_\_\_

Instructor: \_\_\_\_\_ Days and Time: \_\_\_\_\_

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Edition: \_\_\_\_\_ ISBN: \_\_\_\_\_

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